2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11042

FILED Jan 09, 2007 Secretary of State

Entity Name: CITRUS COUNTY CRUISERS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4319 N. DODGE CITY DR BEVERLY HILLS, FL 34465 US **Current Mailing Address: New Mailing Address:** PO BOX 2665 CRYSTAL RIVER, FL 34423 US FEI Number: 59-2885929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUMP, RICHARD C 4319 N. DODGE CITY DR BEVERLY HILLS, FL 34465 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition OLPINSKI, RICK STOLL, JUDITH Name: Name: PO BOX 2693 Address: 340 N HEDRICK AVE Address: City-St-Zip: HOMOSASSA SPGS, FL 34447 City-St-Zip: LECANTO, FL 34461 Title: VD Title: (X) Change () Addition () Delete RAUSCH, RICHARD Name: GILLOTTE, HENRY Name: Address: 3058 S CALAIS Address: 439 MICHAELMAS TERR City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: CRYSTAL RIVER, FL 34429 Title: () Delete Title: (X) Change () Addition MORAN, JIM THOMAS, DOUGLAS Name: Name: 5864 N SULTANA TERR 3880 N TALLAHASSEE RD Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: CRYSTAL RIVER, FL 34428 Title: () Delete Title: () Change () Addition BUMP, RICHARD C Name: Name: Address: 4319 N. DODGE CITY DR Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: Title: () Delete Title: () Change () Addition HAWKES, SANDRA Name: Name: 13 CUPANIA CT Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCGAHERAN, NANCY SOREL. ROLAND Name: Name: Address: 9115 S. GREEN TERRACE Address: 5300 S MANATEE TERR HOMOSASSA, FL 34446 HOMOSASSA, FL 34446 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C BUMP T 01/09/2007